

Jonathan Koerperick, DDS

FINANCIAL AND OFFICE POLICIES

PATIENT NAME: _____ DATE: _____

PLEASE READ CAREFULLY

Note: This is NOT a complete list of policies. Policies are strictly enforced and subject to change without notice.

Appointment Policies

• ***A \$50 fee will be assessed for EACH hour scheduled (including visits less than an hour in length) for missed appointments and last minute cancellations (less than 2 FULL business days).*** Please notify us of a cancellation/need to reschedule as far in advance as possible. The fee may change at any time and without prior notice. *Appointment times are reserved specifically for you* and must be treated as a serious obligation.

• Please arrive on time for visits. Arriving late not only disrupts our schedule, but also affects the timely treatment and schedule of each patient who follows you. We will make our best effort to work in late arrivals, but may request you reschedule your appointment for a later date.

• After three missed appointments, short notice cancellations and/or late arrivals, you may be asked for either a non-refundable deposit and/or full pre-payment of service for that appointment in addition to the cancellation/no show fee described above. You may also be dismissed from the practice. *Appointment times are reserved specifically for you* and must be treated as a serious obligation.

• If time allows, we attempt to make confirmation calls. ***Remember, this is a courtesy service. It is still your responsibility and obligation to attend your appointment and no-show/cancellation charges will apply,*** even if you do not receive our message or fail to confirm.

• On rare occasion, a patient with an unexpected dental emergency may require immediate treatment; possibly prior to scheduled appointments. In this situation we will notify you of any unforeseen delays as soon as we are aware of them. We respect your time and will do everything possible to remain on schedule.

Financial Policies

• Payment for services is due in full at the time treatment is rendered. We accept cash, personal checks (copy of driver license required), Visa, MasterCard, Discover credit/debit cards as well as CareCredit. A \$45 fee will be assessed for any returned checks, and will no longer be an acceptable form of payment.

• For patients with dental coverage under insurance policies in which we are a provider for, your estimated co-pay and any deductibles are due and payable at the time of service. A statement will be sent to you for any remaining balance due after the claim is processed and should be paid to us immediately. **Any insurance claim not paid in full after 30 days (from date of service) will become your responsibility to pay immediately despite status of pending insurance claim.** Any insurance payments made after your payment will be applied as follows: a) used to pay off any outstanding debt on your/family account; b) be credited to your account for future treatment or reimbursed to you.

• Failure to keep your account current will result in you being unable to receive additional dental services except for emergencies or where there is prepayment of balance and for that day's service.

• In the event of default you agree to pay legal interest on the indebtedness, together with such office/administrative fees, collection costs and reasonable attorney fees as may be required to effect collection of this note.

-OVER-

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FINANCIAL AND OFFICE POLICIES cont.

Dental Insurance Policies/Information

Important! We must emphasize that as dental care providers, our relationship is with you, not your insurance company. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we can make no guarantee of estimated coverage or payment. However, please know that we will do everything possible to see that you receive the full benefits of your policy. The filing of claims is a courtesy we extend to our patients and we are happy to answer your general insurance coverage and claim questions, however it is ultimately your responsibility to settle disputes and direct detailed questions to your insurance carrier. Since all insurance fees/co-pays are only estimates based on limited information your insurance company provides to us, it is possible you may receive a statement for an unpaid balance after the claim is processed.

Acknowledgement/Consent of Policies

I have read, understand, and accept the terms of the above outlined policies for appointment policies as well as insurance handling and financial commitments that I may incur as a result of treatment or accepting appointments. I understand that I am ultimately responsible for all fees including those not paid for or covered by a dental benefit plan. I understand this is NOT a complete list of policies, and that policies are strictly enforced and subject to change without notice.

X

SIGNATURE

DATE